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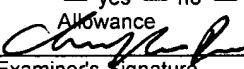
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**APPLICANTS**

Charles L. Branch JR., Advance, NC;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/05/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	Examiner's Signature  Initials 		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
NC	4	60	5

**ADDRESS**

Woodard, Emhardt, Moriarty, McNett & Henry LLP  
 Bank One Center/Tower  
 Suite 3700  
 111 Monument Circle  
 Indianapolis, IN46204-5137

**TITLE**

Expandable spinal implant

FILING FEE RECEIVED 1662	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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